



PATENT
450100-02862

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yasuharu ASANO et al.
Serial No. : 09/723,813
For : **VOICE PROCESSING DEVICE, VOICE PROCESSING
METHOD, AND RECORDING MEDIUM**
Filed : November 28, 2000
Examiner : J. Jackson
Art Unit : 2655

5/A
5/20/04
O

745 Fifth Avenue
New York, NY 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with
The United States Postal Service as first class mail in an envelope
addressed to: Mail Stop Non-Fee Amendment, Commissioner for
Patents, Alexandria, VA 22313-1450, on February 12, 2004.

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Darren M. Simon
Signature

February 12, 2004

Date of Signature

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FEB 18 2004

Technology Center 2600

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued November 14, 2003, please
consider the following amendment to the above-referenced application.



2655

PATENT
450100-02862

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yasuharu ASANO et al.
Serial No. : 09/723,813
Filed : 11/28/00
For : VOICE PROCESSING DEVICE, VOICE PROCESSING METHOD, AND RECORDING MEDIUM
Examiner : J. Jackson
Art Unit : 2655

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria VA, 22313-1450
Sir:

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Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	11	Minus	20 =	0 ×	\$18(9)	= \$0
Independent claims	3	Minus	3 =	0 ×	\$86(43)	= \$0
				Total additional fee for This amendment		\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.
☐ This response is being filed within the month following the expiration of the term originally set therefor.
☐ This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
☐ A check in the amount of \$ __.00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
☐ Charge \$__ to Deposit Account No. 50-0320.
☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Name of Applicant, Assignee or Registered Representative

Darren M. Simon
Signature

February 12, 2004

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

Darren M. Simon
By: Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800